

# Open Enrollment for 2019 Insurance Benefits



## Open Enrollment for 2019

- October 25 November 16, 2018
- Selections / Changes will be effective Jan. 1, 2019
- No further changes without a qualifying event
- Make your selections online through ESS

## Open Enrollment for 2019

- Health Insurance
- Dental Insurance
- HRA, HSA and FSA Accounts
- Life Insurance
- Disability Insurance

### Health Insurance for 2019

- Same plan and network options.
- Deductible has remained the same for the high deductible plans at \$2700/\$5400.
- Deductible and co-pay remain the same for the \$30 Co-Pay Plan
- City contribution to HRA & HSA remain the same at \$1800.

### High Deductible Plan with HSA

	Monthly Premium	City Contribution	Employee Cost	_
Employee-Only	\$625.98	\$625.98	\$0.00	Pa
Two-Party	\$1,251.97	\$1,251.97	\$0.00	Choice Passport
Family	\$1,877.94	\$1,505.00	\$372.94	ort e
Employee-Only	\$582.16	\$582.16	\$0.00	Elect Essen
Two-Party	\$1,164.33	\$1,164.33	\$0.00	<u> </u>
Family	\$1,746.49	\$1,505.00	\$241.49	or tial

The above City Contributions and Employee Costs are for active, *full-time* employees.

# High Deductible Plan with HRA

	Monthly Premium	City Contribution	Employee Cost	
<b>Employee-Only</b>	\$643.98	\$643.98	\$0.00	Cr Pas
Two-Party	\$1,287.96	\$1,287.96	\$0.00	Choice Passport
Family	\$1,931.94	\$1,505.00	\$426.94	e ort
<b>Employee-Only</b>	\$598.90	\$598.90	\$0.00	Ele
Two-Party	\$1,197.79	\$1,197.79	\$0.00	Elect or Essentia
Family	\$1,796.69	\$1,505.00	\$291.69	or tial

The above City Contributions and Employee Costs are for active, *full-time* employees.

# \$30 Co-Pay Plan

	Monthly Premium	City Contribution	Employee Cost	
<b>Employee-Only</b>	\$757.14	\$757.14	\$0.00	Cr Pas
Two-Party	\$1,514.28	\$1,505.00	\$9.28	Choice Passport
Family	\$2,271.42	\$1,505.00	\$766.42	ort e
<b>Employee-Only</b>	\$704.15	\$704.15	\$0.00	Elect Essen
Two-Party	\$1,408.30	\$1,408.30	\$0.00	Elect or Essential
Family	\$2,112.45	\$1,505.00	\$607.45	

The above City Contributions and Employee Costs are for active, *full-time* employees.

### **Alternatives Considered**

- Plan design changes for reduced premiums
- Changes to the City contribution structure

# City Comparisons - Family Coverage

	City	Contribution	est Employo nium	ee Highe Prem	st Employee ium
Edina	\$	1,331.66	\$ _	\$	305.84
Bloomington 2018	\$	1,435.00	\$ 152.72	\$	629.93
St. Louis Park	\$	1,460.00	\$ 234.00	\$	1,125.00
Bloomington 2019	\$	1,505.00	\$ 241.49	\$	766.42
Coon Rapids	\$	1,021.68	\$ 258.50	\$	691.82
Minnetonka	\$	1,250.00	\$ 276.00	\$	1,181.00
Blaine	\$	1,190.00	\$ 276.50	\$	1,241.00
Woodbury	\$	1,386.86	\$ 280.39	\$	985.69
Apple Valley	\$	1,031.66	\$ 335.34	\$	1,382.50
Brooklyn Park	\$	1,393.04	\$ 354.71	\$	756.92
Plymouth	\$	932.44	\$ 427.74	\$	610.59
Eden Prairie	\$	1,078.75	\$ 442.64	\$	555.74
Burnsville	\$	830.00	\$ 462.09	\$	984.10
Lakeville	\$	1,013.11	\$ 474.22	\$	606.27
Maple Grove	\$	1,020.00	\$ 680.66	\$	1,476.68

# City Comparisons - EE+1 Coverage

	City Contribution			Lowest Employee Premium		Highest Employee Premium	
	,						
Bloomington 2018	\$	1,435.00	\$	-	\$	-	
Bloomington 2019	\$	1,505.00	\$	-	\$	9.68	
Edina	\$	1,091.66	\$	-	\$	257.84	
Blaine	\$	1,190.00	\$	-	\$	773.50	
Burnsville	\$	830.00	\$	56.36	\$	552.72	
Apple Valley	\$	930.00	\$	72.34	\$	938.00	
Maple Grove	\$	1,020.00	\$	114.26	\$	644.93	
Minnetonka	\$	1,100.00	\$	132.50	\$	863.50	
Woodbury	\$	982.05	\$	143.89	\$	484.86	
St. Louis Park	\$	1,150.00	\$	175.50	\$	882.00	
Coon Rapids	\$	1,020.00	\$	182.50	\$	572.32	
Eden Prairie	\$	908.44	\$	372.76	\$	467.98	
Lakeville	\$	745.06	\$	383.38	\$	483.57	
Brooklyn Park	N/A		N/A		N/A		
Plymouth	N/A		N/A		N/A		

### 2019 Health Insurance

- ✓ Step1: Select a Plan
- ✓ Step 2: Select a Network
- ✓ Step 3: Select a Coverage Level

#### Terms to know

#### Deductible

- Set amount you pay before health plan pays
- Some exceptions, such as preventive care

#### Copayment

Set dollar amount you pay at the time of service (office visit, pharmacy, ER)

#### Coinsurance

- Paid to provider by you after Medica processes claim, once you've met your deductible
- Based on a percentage of the claim amount

#### Out-of-pocket maximum

- The most you pay in contract or calendar year for your health plan
- Deductibles, copays, and coinsurance all count towards your out-of-pocket amount

# Step 1: Select a Plan

	High Deductible with HSA	High Deductible with HRA	\$30 Copay Plan
Annual Deductible	\$2,700 per person/ \$5,400 per family	\$2,700 per person/ \$5,400 per family	\$350 per person/ \$700 per family
Annual Out of Pocket Maximum	\$2,700 per person/ \$5,400 per family	\$2,700 per person/ \$5,400 per family	\$1,500 per person/ \$3,000 per family
Annual Employer contribution to HRA or HSA	\$1,800	\$1,800	Not applicable
Preventive Care/ Screening/ Immunization	No charge  Deductible does not apply	No charge  Deductible does not apply	No charge Deductible does not apply
Office Visit	After deductible is met: 100% coverage	After deductible is met: 100% coverage	\$30 copay

# Step 1: Select a Plan

	High Deductible with HSA	High Deductible with HRA	\$30 Copay Plan
Prescriptions	After deductible is met: 100% coverage No charge for preventive maintenance Rx	Tier 1 & 2: \$15 copayment Tier 3: \$25 copayment	Tier 1 & 2: 20% coinsurance with a minimum cost of \$10 and a maximum cost of \$25 per Rx  Tier 3: 30% coinsurance with a minimum cost of \$40 and a maximum cost of \$55 per Rx
Inpatient Hospitalization	After deductible is met: 100% coverage	After deductible is met: 100% coverage	After deductible is met: 20% coinsurance
Outpatient Hospitalization	After deductible is met: 100% coverage	After deductible is met: 100% coverage	After deductible is met: 20% coinsurance
Emergency Room	After deductible is met: 100% coverage	After deductible is met: 100% coverage	\$75 copay
Urgent Care	After deductible is met: 100% coverage	After deductible is met: 100% coverage	\$30 copay
Ambulance	After deductible is met: 100% coverage	After deductible is met: 100% coverage	100% coverage

HSA	HRA
City contributes \$1,800 for the year. You may contribute additional pre-tax money through payroll deduction, up to the IRS max.	City contributes \$1,800 for the year. No other contributions are allowed.
You pay the cost of most prescriptions until you have met the annual deductible. (Preventative prescriptions covered prior to deductible.)	There is coverage for prescriptions, even before you've met your annual deductible.
There are limits on your use of HSA dollars to pay monthly insurance premiums after you retire. Specifically, HSA funds cannot be used to pay the monthly premium for Medicare supplement plans.	Money left in the account when you retire can be used for monthly insurance premiums, including Medicare supplements.
There are limits on who is eligible for an HSA. You cannot contribute to or accept an employer contribution to an HSA if you have other coverage or are within 6 months of turning 65.	Anyone enrolled in the High Deductible Plan with an HRA may have an HRA and the corresponding employer contribution.

#### **Preventive Care**

Preventive care is primary care provided when you are well. It helps you maintain good health and avoid health problems

#### Typical covered preventive services:

- General medical exams, immunizations, routine eye exams
- Colon, breast and prostate cancer screenings
- Certain laboratory tests, as recommended by your physician
- Women's Preventive Care (per ACA 2012), including:
  - Contraception and counseling
  - Gestational diabetes screening
  - Breastfeeding supplies
  - HPV DNA testing
  - STD counseling
  - HIV screening
  - Domestic violence screening/counseling

## Step 2: Select a Network

- ✓ Elect
- ✓ Essential
- ✓ Choice Passport

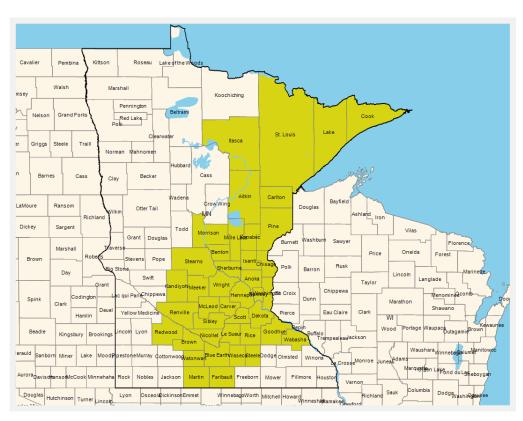
### Medica Elect

Each family member chooses a primary care clinic

Primary care clinic coordinates care and referrals outside system

#### Nine care systems

- Allina Medical Clinic
- Children's Health Network
- Hennepin County Medical Center
- Integrity Health Network
- Lakeview Health
- Minnesota Healthcare Network
- Park Nicollet Health Services
- Riverway-North Suburban Clinics
- St. Luke's



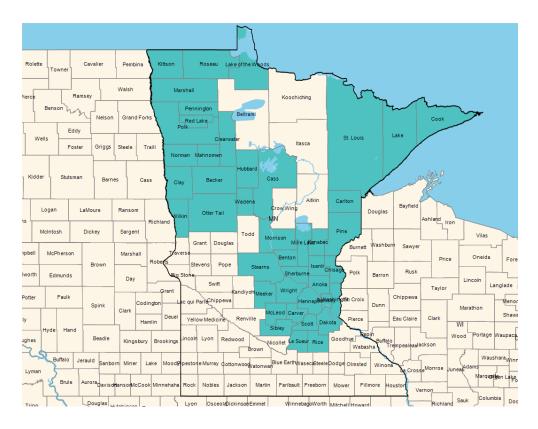
#### Medica Essential

Each family member chooses a primary care clinic

Primary care clinic coordinates care and referrals outside system

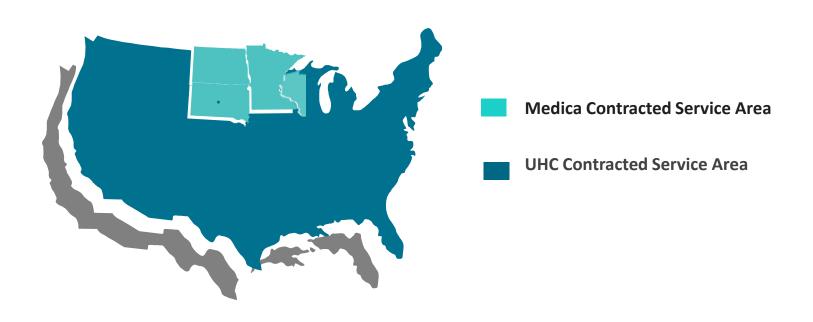
#### Six care systems

- Altru Health System
- Children's Health Network
- Essentia Health West
- Fairview Physicians Associates
- HealthEast
- Integrity Health Network
- St. Luke's



# Medica Choice® Passport

National open access network
See any network provider without a referral



# Step 3: Select Your Coverage Level

- ✓ Employee Only
- √ Two Party
- √ Family

### Learn About Network - mymedica.com

mymedica.com MEDICA.





# Delta Dental of Minnesota





	Monthly Premium	City Contribution	Employee Cost
Employee Only	\$39.62	\$39.62	\$0.00
Two-Party	\$79.24	\$59.44	\$19.80
Family	\$117.82	\$78.72	\$39.10

<sup>\*</sup>The above City Contribution and Employee Costs apply to all full-time employees.

# A Snapshot of Your Coverage

Service Category	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Diagnostic & Preventive (exams/cleanings)	100%	100%	100%
Basic Services (fillings)	70%	70%	70%
Endodontics (root canals)	70%	70%	70%
Periodontics (treatment relating to gum disease)	70%	70%	70%
Oral Surgery – Surgical & Nonsurgical Extractions All other covered oral surgery	70%	70%	70%
Major Restorative Services crowns	50%	50%	50%
Prosthetic Repairs & Adjustments	70%	70%	70%
Prosthetics (Implants, bridges, dentures)	50%	50%	50%
Orthodontics (Adult & Child)	50%	50%	50%
Deductible per person/per family (calendar year) No deducible for Diagnostic & Preventive or Orthodontics	\$25/\$75	\$25/\$75	\$25/\$75
Annual Maximum (per person)	\$1,500	\$1,500	\$1,500
Orthodontic Lifetime Maximum	\$2,250	\$2,250	\$2,250



### If you see an <u>in-network</u> (Delta Dental PPO/ Delta Dental Premier) dentist

- ➤ Network savings on Covered Services
- ➤ No Balance Billing
- ➤ Your annual maximum dollars will go further when you see a participating dentist
- > Dentist will submit claims directly to Delta Dental
- > Delta Dental will send payment directly to dentist

#### If you see an <u>out-of-network</u> dentist

- If the dentist's fees are higher than Delta Dental's allowable charge, you may be responsible to pay the difference
- > Your dentist may assist you in submitting a claim form to Delta Dental
- Benefit Payments go directly to you

### Flexible Spending Accounts

- Full Medical FSA
  - Max contribution is \$2,650
- Limited Medical FSA
  - Max contribution is \$2,650
  - For employees selecting the HSA plan
  - Used primarily for dental and vision expenses
- Dependent Care FSA
  - Max contribution is \$5,000 per household

### Life Insurance

City provides \$50,000 life insurance for all full-time employees, plus \$50,000 AD&D

You may choose to purchase:

Additional life insurance for yourself\*
Life insurance for your spouse\*
Life insurance for your dependent children
PERA Life Insurance

<sup>\* =</sup> requires evidence of insurability; individuals may or may not be accepted for coverage.

### Disability Insurance

City provides long-term disability insurance for all full-time employees; pays 60% of your base pay after you've been unable to work for at least 90 days.

You may apply for short-term disability insurance:

- Cost depends on benefit level selected. Premium paid by employee.
- Covers days 15 through 89.
- Requires evidence of insurability; individuals may or may not be accepted for coverage.

### Online Enrollment

Must be complete by 4:30 p.m. Friday, November 16<sup>th</sup>

#### Use ESS to:

Select Plans, Coverage Level, etc. Name Beneficiaries

#### In-Person Assistance:

IS Training Room - 2<sup>nd</sup> Floor Civic Plaza Wednesday, Nov. 7 from 9:00 - 10:30 a.m. Thursday, Nov. 15 from 1:00 - 3:00 p.m.